

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90097 023 ***150.00

0159261 AV

DOCUMENT # P00000009875

1. Entity Name
MICHAEL GREENWALD, P.A.



Principal Place of Business
2501 HOLLYWOOD BLVD.
SUITE 206
HOLLYWOOD FL 33020

Mailing Address
2501 HOLLYWOOD BLVD.
SUITE 206
HOLLYWOOD FL 33020



2. Principal Place of Business
2040 Polk Street
Suite, Apt. #, etc.

3. Mailing Address
2040 Polk Street
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Hollywood, FL
Zip
33020
Country
USA

City & State
Hollywood, FL
Zip
33020
Country
USA

4. FEI Number **65-0982535** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GREENWALD, MICHAEL
2501 HOLLYWOOD BLVD.
206
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name **MICHAEL GREENWALD**
Street Address (P.O. Box Number is Not Acceptable)
2040 Polk Street
City **Hollywood** **FL** **Zip Code** **33020**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *Michael Greenwald*
Signature, typed or printed name of registered agent and title if applicable.

Michael Greenwald
(NOTE: Registered Agent signature required when reinstating)

DATE **4/4/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **GREENWALD, MICHAEL**
STREET ADDRESS **2501 HOLLYWOOD BLVD. # 206**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ **Change** ☒ **Addition**
NAME **GREENWALD, MICHAEL** **(MISPELLING correction)**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Greenwald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Greenwald, President
DATE **4/4/03**
Daytime Phone **954-923-2250**

CR2E034 (10/02)